

Case Number:	CM14-0087174		
Date Assigned:	07/23/2014	Date of Injury:	08/26/1997
Decision Date:	09/22/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female who reported an injury due to a fall after being kicked on 08/26/1997. On 02/04/2009, her diagnoses included chronic cervical strain/myofascial pain syndrome of the upper trapezius, headaches secondary to cervical strain, left rotator cuff repair stable, left lateral epicondylitis stable, and chronic mechanical low back pain also stable. The cervical spine examination revealed trigger points, but had full flexion, extension, lateral bending, and rotation. Her medications included Lidoderm 5% patch, Biofreeze, Ultram 50 mg, Tylenol 325 mg, and a TENS unit which provided her 40% relief. On 08/07/2009, she reported that her cervical spine had been feeling better and she was able to move her neck with minimal pain. There was mild discomfort/spasm upon palpation and full range of motion in all directions. On 09/18/2009, it was noted that she had just completed "therapy" and had excellent results with her neck, left shoulder, and lower back. The therapy provided her a significant amount of relief with increasing range of motion, as well as taking fewer medications for pain control. Her diagnoses had changed to chronic cervical strain/myofascial pain syndrome which was stable and her headaches were stable. On 01/12/2010, it was noted that her cervical spine had been having some discomfort; however, she was able to move her neck around much better. Her headaches were becoming more frequent. There was no rationale included in this injured worker's chart. There was no clinical documentation after the date 01/12/2010. A request for authorization dated 05/29/2014 was included in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

X-Ray C-Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Radiography (x-rays).

Decision rationale: The request for x-ray of the cervical spine is not medically necessary. The Official Disability Guidelines do not recommend x-rays of the neck except under certain circumstances. The 1 category that might fit this particular worker is chronic neck pain in patients older than 40 years with a history of remote trauma and if this were the first study. The reported injury occurred 17 years ago. There is insufficient historical data submitted in this patient's chart to determine whether or not there were previous radiographic studies of her neck. Additionally, the documentation that was submitted is 4 years old, so there is no way of determining what had transpired with her care in the intervening 4 years. Additionally, the request did not specify what views were to be included in the cervical spine x-ray. Therefore, this request for x-ray of the C-spine is not medically necessary.